## Case 17-34096 Doc 1 Filed 11/14/17 Entered 11/14/17 16:13:09 Desc Main Document Page 1 of 46

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | Chapter 13                    | Check if this an amended filing |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |  |                        |                           |
|----|--|--|------------------------|---------------------------|
|    |  | About Debtor 1:                          | About Debtor 2 (Spou   | se Only in a Joint Case): |
| 1. | Your full name   |  |                        |                           |
|    | Write the name that is on  | Djuan                                    |                        |                           |
|    | your government-issued<br>picture identification (for<br>example, your driver's  | First name                               | First name             |                           |
|    | license or passport).  | Middle name                              | Middle name            |                           |
|    | Bring your picture   | Davis                                    |                        |                           |
|    | identification to your meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix ( | Sr., Jr., II, III)        |
|    |  |  | _                      |                           |
| 2. | All other names you hav<br>used in the last 8 years  | e  |                        |                           |
|    | Include your married or maiden names.  |  |                        |                           |
| 3. | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-8070                              |                        |                           |

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Case number (if known)

Debtor 1 Djuan Davis

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 1. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  |   | If Debtor 2 lives at a different address:  |
|    |   | 5902 S. Fairfield Ave. Apt. 1S Chicago, IL 60629 Number, Street, City, State & ZIP Code   | Number, Street, City, State & ZIP Code   |
|    |   | Cook  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

Case 17-34096 Doc 1 Filed 11/14/17 Entered 11/14/17 16:13:09 Desc Main Page 3 of 46 Document Case number (if known) Debtor 1 Djuan Davis Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. District **ILNDBKE** When Case number 5/25/15 15-18689 District **ILNDBKE** When 4/01/15 Case number 15-11857 When District **ILNDBKE** Case number 11/03/14 14-39930 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an

affiliate?

Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known

11. Do you rent your residence?

No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Page 4 of 46 Document Case number (if known) Debtor 1 Djuan Davis Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). ☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Diuan Davis

Debtor 1 Diuan Davis

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Case number (if known)

Part 5: Explain Y

### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| DCD  | Djuan Davis   |   |  |   |   |
|------|---|---|--|---|---|
| Part | 6: Answer These Quest   | ions for Re                               | porting Purposes   |   |   |
| 16.  | What kind of debts do you have?   | 16a.                                      |  | nsumer debts? Consumer debts are de nal, family, or household purpose."   | fined in 11 U.S.C. § 101(8) as "incurred by an  |
|      |   |   | Yes. Go to line 17.  |   |   |
|      |   | 16b.                                      | Are your debts primarily bus                                     | siness debts? Business debts are debts tment or through the operation of the bu   |   |
|      |   |   | □ No. Go to line 16c.  | unerit of unough the operation of the bu  | siness of investment.   |
|      |   |   | Yes. Go to line 17.  |   |   |
|      |   | 16c.                                      |  | ve that are not consumer debts or busine  | ess debts   |
| 17.  | Are you filing under<br>Chapter 7?  | ■ No.                                     | I am not filing under Chapter 7                                  | '. Go to line 18.   |   |
|      | Do you estimate that after any exempt   | ☐ Yes.                                    |  | you estimate that after any exempt pro<br>ilable to distribute to unsecured creditors                                     | perty is excluded and administrative expenses ?   |
|      | property is excluded and administrative expenses  |   | □No  |   |   |
|      | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |   | ☐ Yes  |   |   |
| 18.  | How many Creditors do you estimate that you owe?  | ■ 1-49<br>□ 50-99<br>□ 100-19<br>□ 200-99 |  | ☐ 1,000-5,000<br>☐ 5001-10,000<br>☐ 10,001-25,000   | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than100,000   |
| 19.  | How much do you estimate your assets to be worth?                                       | <b>□</b> \$100,0                          | 50,000<br>11 - \$100,000<br>101 - \$500,000<br>101 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| 20.  | How much do you estimate your liabilities to be?  | □ \$100,0                                 | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| Part | 7: Sign Below   |   |  |   |   |
| For  | you   | I have exa                                | amined this petition, and I decla                                | are under penalty of perjury that the info  | rmation provided is true and correct.   |
|      |   |   |  | I am aware that I may proceed, if eligible ief available under each chapter, and I c                                      | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.  |
|      |   |   |  | ot pay or agree to pay someone who is notice required by 11 U.S.C. § 342(b).  | ot an attorney to help me fill out this   |
|      |   | I request                                 | relief in accordance with the ch                                 | apter of title 11, United States Code, spe  | ecified in this petition.   |
|      |   | bankrupto<br>and 3571.                    | y case can result in fines up to                                 |   | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,                                   |
|      |   | /s/ Djuar<br>Djuan D<br>Signature         |  | Signature of Debt   | or 2  |
|      |   | Executed                                  | on <b>November 14, 2017</b><br>MM / DD / YYYY                    | Executed on MI  | M / DD / YYYY   |

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Debtor 1 Djuan Davis Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Brian P. Deshur                    | Date          | November 14, 2017 |  |
|--|---------------|-------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY    |  |
| Brian P. Deshur                        |               |                   |  |
| Printed name                           |               |                   |  |
| Law Offices of David Freydin           |               |                   |  |
| Firm name                              |               |                   |  |
| 8707 Skokie Blvd                       |               |                   |  |
| Suite 305                              |               |                   |  |
| Skokie, IL 60077                       |               |                   |  |
| Number, Street, City, State & ZIP Code |               |                   |  |
| Contact phone                          | Email address |                   |  |
| 6289354                                |               |                   |  |
| Bar number & State                     |               | <del></del>       |  |

|                        |                          | Docume            |             | <br>2000                             |
|------------------------|--------------------------|-------------------|-------------|--------------------------------------|
| Fill in this infor     | mation to identify your  | case:             |             |                                      |
| Debtor 1               | Djuan Davis              |                   |             |                                      |
|                        | First Name               | Middle Name       | Last Name   |                                      |
| Debtor 2               |                          |                   |             |                                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name   |                                      |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                                      |
| Case number (if known) |                          |                   |             | ☐ Check if this is an amended filing |
|                        |                          |                   |             | <br>ŭ                                |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

|     |  | Your as      | ssets<br>f what you own       |
|-----|--|--------------|-------------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  | ¢            | 0.00                          |
|     | 1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 0.00                          |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 3,177.00                      |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 3,177.00                      |
| Par | t 2: Summarize Your Liabilities  |              |                               |
|     |  |              | <b>abilities</b><br>t you owe |
|     | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$           | 0.00                          |
|     | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$           | 21,998.8                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 23,099.80                     |
|     | Your total liabilities   | \$           | 45,098.68                     |
| Par | t 3: Summarize Your Income and Expenses  |              |                               |
| ١.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 929.00                        |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 414.00                        |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                               |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sch | nedules.                      |
| 7.  | ■ Yes What kind of debt do you have?   |              |                               |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | 404.07       |
|----|--|--------------|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$<br>134.67 |
|    |  |              |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on <i>Schedule E/F</i> , copy the following:   | Total | claim     |
|--|-------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 21,683.88 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 315.00    |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00      |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 21,998.88 |

| Fill in this informatio   |   | Document   | Page 10 of 46   |  |  |
|---|---|--|---|--|--|
|   | •   | case and this filing:  |   |  |  |
|   | <b>)juan Davis</b><br>irst Name   | Middle Name  | Last Name   |  |  |
| Debtor 2  |   |  |   |  |  |
| Spouse, if filing) Fi   | irst Name   | Middle Name  | Last Name   |  |  |
| Inited States Bankrup   | ptcy Court for the:   | NORTHERN DISTRICT OF ILL   | INOIS   |  |  |
| Case number   |   |  |   |  | ☐ Check if this is an  |
|   |   |  | _   |  | Check if this is ar amended filing   |
|   |   |  |   |  | C  |
| Official Form   | 1064/B  |  |   |  |  |
| Schedule A  |   | ortv   |   |  | 4044   |
|   |   | e items. List an asset only once. If   |   | Part de la constitución  | 12/15  |
|   | Residence, Building   | g, Land, or Other Real Estate You O  |   |  |  |
| _   | _   |  |   |  |  |
| Yes. Where is the   | property?   |  |   |  |  |
| Part 2: Describe Your   | Vehicles  |  |   |  |  |
| □ No<br>■ Yes   |   |  |   |  |  |
| o.i wake.   | vrolet  | Who has an interest in t   |   |  |  |
| Model: Mon  |   |  | the property? Check one   | Do not deduct secured cla<br>the amount of any secure  |  |
| Wodel.  | te Carlo  | Debtor 1 only  | the property? Check one   |  | d claims on Schedule D:  |
| Year: 2006  | 3   | ☐ Debtor 2 only  |   | the amount of any secure<br>Creditors Who Have Clair  Current value of the   | d claims on Schedule D: ms Secured by Property.  Current value of the  |
| Year: 2006 Approximate mile   | 6<br>eage: 160  | Debtor 2 only  □ Debtor 1 and Debtor 2   | 2 only  | the amount of any secure<br>Creditors Who Have Clair   | d claims on Schedule D:<br>ns Secured by Property.   |
| Year: 2006 Approximate mile Other information   | 6<br>eage: 160  | ☐ Debtor 2 only  | 2 only  | the amount of any secure<br>Creditors Who Have Clair  Current value of the<br>entire property?   | d claims on Schedule D:<br>ns Secured by Property.  Current value of the<br>portion you own?   |
| Year: 2006 Approximate mile Other information   | Seage: 160<br>n:<br>let Monte Carlo   | Debtor 2 only  Debtor 1 and Debtor 2  At least one of the deb  | 2 only<br>btors and another   | the amount of any secure<br>Creditors Who Have Clair  Current value of the   | d claims on Schedule D: ms Secured by Property.  Current value of the  |
| Year: 2006 Approximate mile Other information 2006 Chevro   | Seage: 160<br>n:<br>let Monte Carlo   | ,000 Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb   | 2 only<br>btors and another   | the amount of any secure<br>Creditors Who Have Clair  Current value of the<br>entire property?   | d claims on Schedule D:<br>ns Secured by Property.  Current value of the<br>portion you own?   |
| Year: 2006 Approximate mile Other information 2006 Chevrol with 160,000   | eage: 160<br>n:<br>let Monte Carlo<br>miles   | Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb Check if this is comm  | 2 only<br>btors and another<br>munity property  | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$1,675.00  Do not deduct secured clair  | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,675.00   |
| Year: 2006 Approximate mile Other information 2006 Chevro with 160,000  | eage: 160 n: let Monte Carlo miles  | Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor 2 Check if this is comm (see instructions)  Who has an interest in t  | 2 only<br>btors and another<br>munity property  | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$1,675.00  Do not deduct secured clathe amount of any secure.   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,675.00  aims or exemptions. Put d claims on Schedule D:  |
| Year: 2006 Approximate mile Other information 2006 Chevrol with 160,000   | eage: 160 n: let Monte Carlo miles coln   | Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor 2 Check if this is comm (see instructions)  Who has an interest in t  | 2 only<br>btors and another<br>munity property  | the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$1,675.00  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,675.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  |
| Year: 2006 Approximate mile Other information 2006 Chevro with 160,000  3.2 Make: Linc Model: Navi  | eage: 160 n: let Monte Carlo miles coln igator  | Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor 2 Check if this is comm (see instructions)  Who has an interest in t  | 2 only btors and another munity property the property? Check one  | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$1,675.00  Do not deduct secured clathe amount of any secure.   | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,675.00  aims or exemptions. Put d claims on Schedule D:  |
| Year: 2006 Approximate mile Other information 2006 Chevro with 160,000  3.2 Make: Linc Model: Navi Year: 2004   | eage: 160 n: let Monte Carlo miles coln igator teage: 200   | Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor 2 Check if this is comm (see instructions)  Who has an interest in to Debtor 1 only Debtor 2 only   | 2 only btors and another munity property the property? Check one  | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$1,675.00  Do not deduct secured clair the amount of any secure Creditors Who Have Clair  Current value of the                            | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,675.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the                  |
| Year: 2006 Approximate mile Other information 2006 Chevro with 160,000  3.2 Make: Linc Model: Navi Year: 2004 Approximate mile                                | eage: 160 n: let Monte Carlo miles coln igator teage: 200   | Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor 2 Check if this is comment (see instructions)  Who has an interest in the Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2   | 2 only btors and another munity property the property? Check one 2 only btors and another   | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$1,675.00  Do not deduct secured clair the amount of any secure Creditors Who Have Clair  Current value of the                            | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,675.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? |
| Year: 2006 Approximate mile Other information 2006 Chevro with 160,000  3.2 Make: Linc Model: Navi Year: 2004 Approximate mile Other information (inoperable) | page: 160 page: | Debtor 2 only Debtor 1 and Debtor 2 At least one of the det Check if this is comme (see instructions)  Who has an interest in to Debtor 1 only Debtor 1 only Debtor 2 only At least one of the det Check if this is comme (see instructions)   | 2 only btors and another munity property the property? Check one 2 only btors and another munity property                             | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$1,675.00  Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$500.00    | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,675.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the                  |
| Year: 2006 Approximate mile Other information 2006 Chevro with 160,000  3.2 Make: Linc Model: Navi Year: 2004 Approximate mile Other information (inoperable) | page: 160 page: | Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor 2 Check if this is comment (see instructions)  Who has an interest in to Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debtor 2 Check if this is comment in the debtor 2 Check if this is comment in the debtor 2 | 2 only btors and another munity property the property? Check one 2 only btors and another munity property nicles, other vehicles, and | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$1,675.00  Do not deduct secured clair the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$500.00 | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,675.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? |
| Year: 2006 Approximate mile Other information 2006 Chevro with 160,000  3.2 Make: Linc Model: Navi Year: 2004 Approximate mile Other information (inoperable) | page: 160 page: | Debtor 2 only Debtor 1 and Debtor 2 At least one of the det Check if this is comme (see instructions)  Who has an interest in to Debtor 1 only Debtor 1 only Debtor 2 only At least one of the det Check if this is comme (see instructions)   | 2 only btors and another munity property the property? Check one 2 only btors and another munity property nicles, other vehicles, and | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$1,675.00  Do not deduct secured clair the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$500.00 | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,675.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own? |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1                   | Case 17-3   | 34096 Doc                                   | 1 Filed 11/14/17<br>Document                          | Entered 11/14/17 16:13:09<br>Page 11 of 46<br>Case number (if known) | Desc Main   |
|----------------------------|---|---|---|--|---|
|                            |   |   |   | rom Part 2, including any entries for                                | \$2,175.00  |
| Part 3: D                  | escribe Your Person   | nal and Household                           | Items   |  |   |
|                            |   |   | nterest in any of the follow                          | ving items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Exam</i> µ<br>□ No<br>□ | , , , ,   |   | s, china, kitchenware                                 |  |   |
| ■ Yes                      | s. Describe   |   |   |  |   |
|                            |   | Furniture                                   |   |  | \$500.00  |
| ■ No                       | ples: Televisions ar  |   | deo, stereo, and digital equi<br>media players, games | pment; computers, printers, scanners; music c                        | collections; electronic devices   |
| Examp<br>■ No              |   | figurines; paintings<br>ons, memorabilia, c |   | oks, pictures, or other art objects; stamp, coin                     | , or baseball card collections;   |
| Exam <sub>l</sub> ■ No     | ment for sports ar<br>ples: Sports, photog<br>musical instru<br>s. Describe | graphic, exercise, a                        | and other hobby equipment;                            | bicycles, pool tables, golf clubs, skis; canoes                      | and kayaks; carpentry tools;  |
| ■ No                       |   | , shotguns, ammur                           | nition, and related equipmen                          | nt   |   |
| □ No                       |   | othes, furs, leather o                      | coats, designer wear, shoes                           | s, accessories   |   |
|                            |   | Clothing                                    |   |  | \$500.00  |
| ■ No                       |   | velry, costume jewe                         | elry, engagement rings, wed                           | dding rings, heirloom jewelry, watches, gems, o                      | gold, silver  |

13. **Non-farm animals** *Examples:* Dogs, cats, birds, horses

■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

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Case number (if known) Document Debtor 1 **Djuan Davis** 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,000.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... **American Express** \$2.00 17.1. pre-paid debt 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No

Institution name or individual: ☐ Yes. .....

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

| De  | ebtor 1         | Djuan Davis   | Document                | Page 13 of 46 Case number (if known)                   |   |
|-----|-----------------|---|-------------------------|--|---|
| 25. |                 |   | (other than anythin     | g listed in line 1), and rights or powers exercis      | sable for your benefit  |
|     | ■ No<br>□ Yes.  | Give specific information about them  |                         |  |   |
| 26. | Examp ■ No      | s, copyrights, trademarks, trade secrets,<br>les: Internet domain names, websites, proc<br>Give specific information about them         |                         |  |   |
| 27. | Examp ■ No      | es, franchises, and other general intanginules: Building permits, exclusive licenses, co  |                         | n holdings, liquor licenses, professional licenses     |   |
| M   | oney or p       | property owed to you?   |                         |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref         | unds owed to you  |                         |  |   |
|     |                 | Give specific information about them, includ  | ding whether you alrea  | ady filed the returns and the tax years                |   |
| 29. | ■ No            | • •   | al support, child suppo | ort, maintenance, divorce settlement, property sett    | tlement   |
| 30. | Examp  ■ No     | imounts someone owes you iles: Unpaid wages, disability insurance pay benefits; unpaid loans you made to sor Give specific information  |                         | efits, sick pay, vacation pay, workers' compensat      | ion, Social Security  |
| 31. |                 | ts in insurance policies<br>l/es: Health, disability, or life insurance; hea  | lth savings account (I  | HSA); credit, homeowner's, or renter's insurance       |   |
|     |                 | Name the insurance company of each polic  | y and list its value.   |  |   |
|     |                 | Company name:   |                         | Beneficiary:   | Surrender or refund value:  |
| 32. | If you a someon | erest in property that is due you from so<br>are the beneficiary of a living trust, expect p<br>ne has died.  Give specific information |                         | d surance policy, or are currently entitled to receive | property because  |
| 33. | Examp  ■ No     | against third parties, whether or not you les: Accidents, employment disputes, insur-   |                         |  |   |
|     |                 | Describe each claim   |                         |  |   |
| 34. | ■ No            | Describe each claim   | ery nature, includin    | g counterclaims of the debtor and rights to set        | t off claims  |
| 35. | -               | ancial assets you did not already list  |                         |  |   |
|     | ■ No<br>□ Yes.  | Give specific information   |                         |  |   |

Official Form 106A/B Schedule A/B: Property page 4

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| Der          | Diuan Davis   |                              | Case number (if known)       |            |
|--------------|---|------------------------------|------------------------------|------------|
| 36.          | Add the dollar value of all of your entries from Part 4, includi for Part 4. Write that number here   |                              |                              | \$2.00     |
|              |   |                              |                              |            |
| Part         | 5: Describe Any Business-Related Property You Own or Have an Inte   | erest In. List any real esta | ate in Part 1.               |            |
| 37. <b>C</b> | Oo you own or have any legal or equitable interest in any business-rela   | ated property?               |                              |            |
|              | No. Go to Part 6.   |                              |                              |            |
|              | Yes. Go to line 38.   |                              |                              |            |
|              |   |                              |                              |            |
| Part         | Describe Any Farm- and Commercial Fishing-Related Property Yo If you own or have an interest in farmland, list it in Part 1.                          | ou Own or Have an Interes    | st In.                       |            |
| 16.          | Do you own or have any legal or equitable interest in any farm  | n- or commercial fishir      | ng-related property?         |            |
|              | No. Go to Part 7.   |                              |                              |            |
|              | ☐ Yes. Go to line 47.   |                              |                              |            |
|              |   |                              |                              |            |
| Part         | 7: Describe All Property You Own or Have an Interest in That Yo   | ou Did Not List Above        |                              |            |
| ı            | Do you have other property of any kind you did not already lis  Examples: Season tickets, country club membership  No  Yes. Give specific information | st?                          |                              |            |
| 54.          | Add the dollar value of all of your entries from Part 7. Write t  | hat number here              |                              | \$0.00     |
| Part         | 8: List the Totals of Each Part of this Form  |                              |                              |            |
| 55.          | Part 1: Total real estate, line 2   |                              |                              | \$0.00     |
| 56.          | Part 2: Total vehicles, line 5  | \$2,175.00                   |                              |            |
| 57.          | Part 3: Total personal and household items, line 15   | \$1,000.00                   |                              |            |
| 58.          | Part 4: Total financial assets, line 36   | \$2.00                       |                              |            |
| 59.          | Part 5: Total business-related property, line 45  | \$0.00                       |                              |            |
| 60.          | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                       |                              |            |
| 61.          | Part 7: Total other property not listed, line 54  | + \$0.00                     |                              |            |
| 62.          | Total personal property. Add lines 56 through 61  | \$3,177.00                   | Copy personal property total | \$3,177.00 |
| 63.          | Total of all property on Schedule A/B. Add line 55 + line 62  |                              |                              | \$3.177.00 |

Official Form 106A/B Schedule A/B: Property page 5

|                     |                          | I A A A A A A A A A A A A A A A A A A A | III I (1111. I.) (11 <del>4</del> | .() |
|---------------------|--------------------------|---|-----------------------------------|-----|
| Fill in this infor  | mation to identify your  | case:                                   |                                   |     |
| Debtor 1            | Djuan Davis              |   |                                   |     |
|                     | First Name               | Middle Name                             | Last Name                         |     |
| Debtor 2            |                          |   |                                   |     |
| (Spouse if, filing) | First Name               | Middle Name                             | Last Name                         |     |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT                       | OF ILLINOIS                       |     |
| Case number _       |                          |   |                                   |     |
| (if known)          |                          |   |                                   |     |
|                     |                          |   |                                   |     |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | Claim as | Exempt |
|---------|----------|---------|-----------|----------|--------|
|---------|----------|---------|-----------|----------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own  Copy the value from | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
|--|---|--|------------------------------------|
|  | Schedule A/B  | ,  |                                    |
| 2006 Chevrolet Monte Carlo 160,000 miles   | \$1,675.00  | \$1,675.00   | 735 ILCS 5/12-1001(c)              |
| 2006 Chevrolet Monte Carlo with 160,000 miles Line from <i>Schedule A/B</i> : 3.1      |   | 100% of fair market value, up to any applicable statutory limit      |                                    |
| 2004 Lincoln Navigator 200,000 miles (inoperable)                                      | \$500.00  | \$500.00   | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 3.2  |   | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Furniture Line from Schedule A/B: 6.1  | \$500.00  | \$500.00   | 735 ILCS 5/12-1001(b)              |
| Ellie Holli Govedale 775.  |   | 100% of fair market value, up to any applicable statutory limit      |                                    |
| Clothing Line from Schedule A/B: 11.1  | \$500.00  | \$500.00   | 735 ILCS 5/12-1001(a)              |
| Line from Generalic Arb. 1111  |   | 100% of fair market value, up to any applicable statutory limit      |                                    |
| pre-paid debt: American Express Line from Schedule A/B: 17.1                           | \$2.00  | \$2.00   | 735 ILCS 5/12-1001(b)              |
| LINE HOITI Scriedule AVD. 11.1   |   | 100% of fair market value, up to any applicable statutory limit      |                                    |

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Debtor 1 Djuan Davis

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

|                     |                          | 17/7/11/11        | 3H $11KK: 17KH = 0$ |  |
|---------------------|--------------------------|-------------------|---------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                     |  |
| Debtor 1            | Djuan Davis              |                   |                     |  |
|                     | First Name               | Middle Name       | Last Name           |  |
| Debtor 2            |                          |                   |                     |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name           |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS         |  |
| Case number         |                          |                   |                     |  |
| (if known)          |                          |                   |                     |  |
|                     |                          |                   |                     |  |

### Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

|                                      |  | Document   | Page 18 of  | 46                       |                    |                    |
|--------------------------------------|--|--|---|--------------------------|--------------------|--------------------|
| Fill in this info                    | rmation to identify your ca  | ise:   |   |                          |                    |                    |
| Debtor 1                             | Djuan Davis  |  |   |                          |                    |                    |
|                                      | First Name   | Middle Name  | Last Name   |                          |                    |                    |
| Debtor 2                             |  |  |   |                          |                    |                    |
| (Spouse if, filing)                  | First Name   | Middle Name  | Last Name   |                          |                    |                    |
| United States E                      | Sankruptcy Court for the:  | NORTHERN DISTRICT OF IL  | LINOIS  |                          |                    |                    |
| Case number                          |  |  |   |                          |                    |                    |
| (if known)                           |  |  |   |                          | ☐ Che              | ck if this is an   |
|                                      |  |  |   |                          | ame                | nded filing        |
| Official For                         | 100F/F   |  |   |                          |                    |                    |
| Official For                         |  | a Hava Haaaavaad   | Claima  |                          |                    | 40/45              |
|                                      |  | no Have Unsecured Part 1 for creditors with PRIORIT  |   |                          |                    | 12/15              |
| eft. Attach the Co<br>ame and case n | ontinuation Page to this page.<br>umber (if known).                    | ed by Property. If more space is<br>If you have no information to re   |   |                          |                    |                    |
|                                      | All of Your PRIORITY Unse  |  |   |                          |                    |                    |
|                                      | itors have priority unsecured of                                       | claims against you?  |   |                          |                    |                    |
| ☐ No. Go to                          | Part 2.  |  |   |                          |                    |                    |
| Yes.                                 |  |  |   |                          |                    |                    |
| identify what possible, list         | type of claim it is. If a claim has the claims in alphabetical order a | If a creditor has more than one pric<br>both priority and nonpriority amoun<br>according to the creditor's name. If<br>cular claim, list the other creditors i | its, list that claim here a you have more than tw | and show both priority a | nd nonpriority amo | unts. As much as   |
|                                      | •  | e the instructions for this form in the  |   |                          |                    |                    |
| (i or air oxpia                      | maion or odon type or olaim, ooc                                       |  | s mondon books.,                                  | Total claim              | Priority amount    | Nonpriority amount |
| 2.1 Illinois                         | s Child Support  | Last 4 digits of accou   | int number  | \$0.00                   | \$0.0              | 00 \$0.00          |
| ,                                    | Creditor's Name  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |   |                          | -                  |                    |
|                                      | Bankruptcy<br>6th St.  | When was the debt in   |   |                          | -                  |                    |
|                                      | gfield, IL 62701   |  |   |                          |                    |                    |
|                                      | Street City State Zlp Code   | As of the date you file  | e, the claim is: Check a                          | all that apply           |                    |                    |
| _                                    | red the debt? Check one.   | ☐ Contingent   |   |                          |                    |                    |
| ■ Debtor 1                           | only   | ☐ Unliquidated   |   |                          |                    |                    |
| Debtor 2                             | 2 only   | ☐ Disputed   |   |                          |                    |                    |
| Debtor 1                             | and Debtor 2 only  | Type of PRIORITY uns   | secured claim:                                    |                          |                    |                    |
| ☐ At least                           | one of the debtors and another   | Domestic support of  | bligations  |                          |                    |                    |
| ☐ Check i                            | f this claim is for a community  | y debt  Taxes and certain o  | other debts you owe the                           | government               |                    |                    |
|                                      | subject to offset?   | ☐ Claims for death or  | personal injury while yo                          | ou were intoxicated      |                    |                    |
| ■ No                                 |  | Other. Specify   |   |                          |                    |                    |
| ☐ Yes                                |  | No   | otice Only  |                          |                    |                    |

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| Deb  | Djuan Davis   | Case number   | (if know)            |                              |               |
|------|---|---|----------------------|------------------------------|---------------|
| 2.2  | Illinois Department of Revenue                                      | Last 4 digits of account number   | \$15.00              | \$15.00                      | \$0.00        |
|      | Priority Creditor's Name Attn: Bankruptcy Department P.O. Box 19035 | When was the debt incurred?   |                      |                              |               |
|      | Springfield, IL 62794-9035  |   |                      |                              |               |
|      | Number Street City State ZIp Code                                   | As of the date you file, the claim is: Check all that a   | ipply                |                              |               |
|      | Who incurred the debt? Check one.                                   | Contingent  |                      |                              |               |
|      | Debtor 1 only   | ☐ Unliquidated  |                      |                              |               |
|      | ☐ Debtor 2 only   | ☐ Disputed  |                      |                              |               |
|      | ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured claim:   |                      |                              |               |
|      | ☐ At least one of the debtors and another                           | ☐ Domestic support obligations  |                      |                              |               |
|      | ☐ Check if this claim is for a community debt                       | Taxes and certain other debts you owe the govern  |                      |                              |               |
|      | Is the claim subject to offset?                                     | Claims for death or personal injury while you were  | intoxicated          |                              |               |
|      | ■ No □ Yes  | Other. Specify  |                      |                              |               |
|      | 1   |   |                      |                              |               |
| 2.3  | Priority Creditor's Name  | Last 4 digits of account number   | \$300.00             | \$300.00                     | \$0.00        |
|      | Centralized Insolvency Operation P.O. Box 7346                      | When was the debt incurred?   |                      |                              |               |
|      | Philadelphia, PA 19101-7346  Number Street City State Zlp Code      | As of the date you file, the claim is: Check all that a   | innly                |                              |               |
|      | Who incurred the debt? Check one.                                   | ☐ Contingent  | PPI                  |                              |               |
|      | Debtor 1 only   | ☐ Unliquidated  |                      |                              |               |
|      | ☐ Debtor 2 only   | ☐ Disputed  |                      |                              |               |
|      | ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured claim:   |                      |                              |               |
|      | ☐ At least one of the debtors and another                           | ☐ Domestic support obligations  |                      |                              |               |
|      | ☐ Check if this claim is for a community debt                       | ■ Taxes and certain other debts you owe the govern  | ment                 |                              |               |
|      | Is the claim subject to offset?                                     | ☐ Claims for death or personal injury while you were  |                      |                              |               |
|      | ■ No  | ☐ Other. Specify  |                      |                              |               |
|      | Yes   | 2016 tax liability  |                      |                              |               |
| 2.4  | Phillina Hoopes   | Last 4 digits of account number   | \$21,683.88          | \$21,000.00                  | \$683.88      |
|      | Priority Creditor's Name 6515 S. Yale Ave. Chicago, IL 60621        | When was the debt incurred?   |                      |                              |               |
|      | Number Street City State Zlp Code                                   | As of the date you file, the claim is: Check all that a   | ipply                |                              |               |
|      | Who incurred the debt? Check one.                                   | ☐ Contingent  |                      |                              |               |
|      | Debtor 1 only   | ☐ Unliquidated  |                      |                              |               |
|      | ☐ Debtor 2 only   | ☐ Disputed  |                      |                              |               |
|      | ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured claim:   |                      |                              |               |
|      | $\square$ At least one of the debtors and another                   | ■ Domestic support obligations  |                      |                              |               |
|      | $\square$ Check if this claim is for a community debt               | Taxes and certain other debts you owe the govern  |                      |                              |               |
|      | Is the claim subject to offset?                                     | ☐ Claims for death or personal injury while you were  | intoxicated          |                              |               |
|      | ■ No  | Other. Specify  Child support owed  |                      |                              |               |
|      | Yes   | Child Support owed  |                      |                              |               |
| Part | t 2: List All of Your NONPRIORITY Unsecu                            | red Claims  |                      |                              |               |
| 3.   | Do any creditors have nonpriority unsecured clain                   | ns against you?   |                      |                              |               |
|      | $\square$ No. You have nothing to report in this part. Submit       | this form to the court with your other schedules.   |                      |                              |               |
|      | ■ Yes.  |   |                      |                              |               |
|      | unsecured claim, list the creditor separately for each c            | e alphabetical order of the creditor who holds each claim. For each claim listed, identify what type of claim it is | s. Do not list claim | s already included in Pa     | rt 1. If more |
| 1    | than one creditor holds a particular claim, list the other          | creditors in Part 3.If you have more than three nonpriori   | ty unsecured clain   | ns fill out the Continuation | on Page of    |

Official Form 106 E/F

Part 2.

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Debtor 1 Djuan Davis

|     |   |  | Total claim |
|-----|---|--|-------------|
| 4.1 | AT&T  | Last 4 digits of account number  | \$500.00    |
|     | Nonpriority Creditor's Name PO Box 5080   | When was the debt incurred?  | -           |
|     | Carol Stream, IL 60197-5014  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |             |
|     | ■ Debtor 1 only   | ☐ Contingent   |             |
|     | ☐ Debtor 2 only   | ☐ Unliquidated   |             |
|     | ☐ Debtor 1 and Debtor 2 only  | □ Disputed   |             |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |             |
|     | ☐ Check if this claim is for a community  | ☐ Student loans  |             |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |             |
|     | ■ No  | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Yes   | Other. Specify Cellular  |             |
| 4.2 | Bank Of America   | Last 4 digits of account number  | \$200.00    |
|     | Nonpriority Creditor's Name Po Box 17054  | When was the debt incurred?  |             |
|     | Wilmington, DE 19850  Number Street City State Zlp Code  Who incurred the debt? Check one.        | As of the date you file, the claim is: Check all that apply  |             |
|     | ■ Debtor 1 only   | ☐ Contingent   |             |
|     | Debtor 2 only   | □ Unliquidated   |             |
|     | Debtor 1 and Debtor 2 only  | □ Disputed   |             |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |             |
|     | ☐ Check if this claim is for a community  | ☐ Student loans  |             |
|     | debt  | Obligations arising out of a separation agreement or divorce that you did not  |             |
|     | Is the claim subject to offset?   | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts                           |             |
|     | ■ No □ Yes  | Other. Specify NSF   |             |
| 1   |   |  |             |
| 4.3 | City of Chicago Nonpriority Creditor's Name   | Last 4 digits of account number 8070   | \$14,428.80 |
|     | 121 N. LaSalle St.<br>Room 107  | When was the debt incurred? 3/2015   | -           |
|     | Chicago, IL 60604  Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply  |             |
|     | Debtor 1 only   | ☐ Contingent   |             |
|     | Debtor 2 only   | ☐ Unliquidated   |             |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |             |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:   |             |
|     | ☐ Check if this claim is for a community  | ☐ Student loans  |             |
|     | debt<br>Is the claim subject to offset?   | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|     | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Yes   | ■ Other. Specify Parking tickets   | -           |

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Debtor 1 Diuan Davis Case number (if know) 4.4 \$400.00 Comcast Last 4 digits of account number Nonpriority Creditor's Name PO Box 3002 When was the debt incurred? Southeastern, PA 19398 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cable ☐ Yes 4.5 Credit Management, LP \$2,406.00 Last 4 digits of account number 6641 Nonpriority Creditor's Name The Offices of Credit Management, When was the debt incurred? **Opened 03/17** LP Po Box 118288 Carrolton, TX 75011 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Collection Attorney Wow Chicago** Other. Specify 4.6 Diversified Consultants, Inc. \$766.00 Last 4 digits of account number 2844 Nonpriority Creditor's Name Diversified Consultants, Inc. Opened 6/20/17 Last Active Po Box 551268 10/04/17 When was the debt incurred? Jacksonville, FL 32255 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Att U-Verse ☐ Yes

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| or 1 Djuan Davis   | Case number (if know)  |            |
|--|--|------------|
| Medicredit Inc. Nonpriority Creditor's Name  | Last 4 digits of account number 9176   | \$1,166.00 |
| Po Box 1629  | When was the debt incurred? Opened 11/16   |            |
| Maryland Heights, MO 63043  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |            |
| ■ Debtor 1 only  | ☐ Contingent   |            |
| Debtor 2 only  | ☐ Unliquidated   |            |
| ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |
| ☐ Check if this claim is for a community   | ☐ Student loans  |            |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did no report as priority claims | t          |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |            |
| □ Yes  | ■ Other Specify Collection Attorney Mercy Hospital Trinity   |            |
| Merchants Credit   | Last 4 digits of account number 4919   | \$157.00   |
| Nonpriority Creditor's Name 223 W Jackson Blvd Ste 700   | When was the debt incurred? Opened 3/07/16   | _          |
| Chicago, IL 60606  Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim is: Check all that apply  |            |
| Debtor 1 only  | ☐ Contingent   |            |
| Debtor 2 only  | ☐ Unliquidated   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |
| ☐ Check if this claim is for a community   | ☐ Student loans  |            |
| debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did no report as priority claims   | t          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |            |
| □Yes   | Collection Attorney Midwest Orthopaedics  Other. Specify At Rush L                                       |            |
| Oac  | Last 4 digits of account number 9904   | \$77.00    |
| Nonpriority Creditor's Name  |  | Ψ11.00     |
| Attn: Bankruptcy<br>Po Box 500   | When was the debt incurred? Opened 12/12/16  | _          |
| Baraboo, WI 53913  Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply  |            |
| Who incurred the debt? Check one.  | As of the date you me, the claim is. Oneth an that apply   |            |
| ■ Debtor 1 only  | ☐ Contingent   |            |
| Debtor 2 only  | ☐ Unliquidated   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:   |            |
| ☐ Check if this claim is for a community   | ☐ Student loans  |            |
| debt Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did no report as priority claims   | t          |
| ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                              |            |
| ☐ Yes  | ■ Other. Specify Path CnsIts Of Chicago  |            |
|  | =r   |            |

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Case number (if know) Debtor 1 Diuan Davis 4.1 **PNC Bank** \$140.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 3337 W North Avenue When was the debt incurred? Chicago, IL 60647 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify NSF ☐ Yes 4.1 9196 Receivables Performance Mgmt \$2,859.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 02/17** Po Box 1548 Lynnwood, WA 98036 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney T-Mobile Usa ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Arnold Scott Harris PC Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 W. Jackson Blvd, Ste 600 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60604-4134 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? IL Dept Of Healthcare & Family Serv Line **2.1** of (Check one): Part 1: Creditors with Priority Unsecured Claims P.O. Box 19405 ☐ Part 2: Creditors with Nonpriority Unsecured Claims Springfield, IL 62794 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Linebarger Goggan Blair and Line **4.3** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Sampson ■ Part 2: Creditors with Nonpriority Unsecured Claims PO Box 06152 Chicago, IL 60606 Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

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Debtor 1 Djuan Davis

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | ٦  | Total Claim |
|--------------|-----|---|-----|----|-------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 21,683.88   |
| Total claims |     |   |     |    |             |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 315.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 21,998.88   |
|              |     |   |     | 7  | Total Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00        |
| Total claims |     |   |     |    |             |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 23,099.80   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 23,099.80   |

|   |                         |                   | III FAUE / 3 UI 40 |  |
|---|-------------------------|-------------------|--------------------|--|
| Fill in this infor                      | mation to identify your | case:             |                    |  |
| Debtor 1                                | Djuan Davis             |                   |                    |  |
|   | First Name              | Middle Name       | Last Name          |  |
| Debtor 2                                |                         |                   |                    |  |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name          |  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number                             |                         |                   |                    |  |
| (if known)                              |                         |                   |                    |  |
|   |                         |                   |                    |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |  |  |  |
|-----|-----------|---------------------------|---|-------------------|---|--|--|--|
| 2.1 |           |                           |   |                   |   |  |  |  |
|     | Name      |                           |   |                   | _                                       |  |  |  |
|     | Number    | Street                    |   |                   |   |  |  |  |
|     | City      |                           | State   | ZIP Code          |   |  |  |  |
| 2.2 |           |                           |   |                   | _                                       |  |  |  |
|     | Name      |                           |   |                   |   |  |  |  |
|     | Number    | Street                    |   |                   | _                                       |  |  |  |
|     | City      |                           | State   | ZIP Code          |   |  |  |  |
| 2.3 |           |                           | Otato   |                   |   |  |  |  |
|     | Name      |                           |   |                   |   |  |  |  |
|     | Number    | Street                    |   |                   | _                                       |  |  |  |
|     | City      |                           | State   | ZIP Code          | <del>_</del>                            |  |  |  |
| 2.4 |           |                           |   |                   |   |  |  |  |
|     | Name      |                           |   |                   | _                                       |  |  |  |
|     | Number    | Street                    |   |                   | _                                       |  |  |  |
|     | City      |                           | State   | ZIP Code          | <del>_</del>                            |  |  |  |
| 2.5 |           |                           |   |                   |   |  |  |  |
|     | Name      |                           |   |                   | _                                       |  |  |  |
|     | Number    | Street                    |   |                   | _                                       |  |  |  |
|     | City      |                           | State   | ZIP Code          | <del>_</del>                            |  |  |  |
|     | Jity      |                           | Oldic   |                   |   |  |  |  |

|                             |   | Docume  | ent Page 26 d           | ot 46  |   |
|-----------------------------|---|---|-------------------------|--|---|
| Fill in this                | information to identify your  | case:   |                         |  |   |
| Debtor 1                    | Djuan Davis   |   |                         |  |   |
| DCDIOI 1                    | First Name  | Middle Name   | Last Name               |  |   |
| Debtor 2                    |   |   |                         |  |   |
| (Spouse if, filin           | g) First Name   | Middle Name   | Last Name               |  |   |
| United Stat                 | tes Bankruptcy Court for the:   | NORTHERN DISTRICT                                     | OF ILLINOIS             |  |   |
| 0                           |   |   |                         |  |   |
| Case numb<br>(if known)     | per   |   |                         |  | ☐ Check if this is an   |
|                             |   |   |                         |  | amended filing  |
|                             | Form 106H<br>ule H: Your Cod  | ebtors  |                         |  | 12/15   |
|                             | and case number (if known   | • •   |                         | e as a codebtor.   |   |
| ☐ Yes                       |   |   |                         |  |   |
|                             | nin the last 8 years, have you<br>a, California, Idaho, Louisiana                         |   |                         |  | y states and territories include  |
| ■ No                        | Go to line 3.   |   |                         |  |   |
| _                           | . Did your spouse, former spo   | use or logal equivalent live                          | with you at the time?   |  |   |
| □ 165.                      | . Dia your spouse, former spo   | use, or legal equivalent live                         | e with you at the time? |  |   |
| in line<br>Form 1<br>out Co | 2 again as a codebtor only 106D), Schedule E/F (Officia blumn 2.  Column 1: Your codebtor | f that person is a guaran<br>I Form 106E/F), or Sched | tor or cosigner. Make   | sure you have listed the observed by the obser | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fil<br>editor to whom you owe the debt |
| N                           | Name, Number, Street, City, State and Z   | IP Code   |                         | Check all schedule   | es that apply:  |
| 3.1                         |   |   |                         | ☐ Schedule D, lin  | е   |
|                             | Name  |   |                         | □ Schedule E/F, I  | ine   |
|                             |   |   |                         | ☐ Schedule G, lin  | e   |
| _                           | Number Street   |   |                         | <u> </u>   |   |
|                             | City  | State   | ZIP Code                |  |   |
|                             |   |   |                         |  |   |
| 3.2                         | Name  |   |                         | Schedule D, lin  |   |
| ľ                           | numo  |   |                         | ☐ Schedule E/F, I  |   |
|                             |   |   |                         | ☐ Schedule G, lin  | e   |
|                             | Number Street   | _   |                         | _  |   |
| (                           | City  | State   | ZIP Code                |  |   |

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| Fill                            | in this information to identify you  | ır case:  |  |              |                 |  |                           |                                 |                 |
|---------------------------------|--|---|--|--------------|-----------------|--|---------------------------|---------------------------------|-----------------|
|                                 | otor 1Djuan Da   |   |  |              |                 |  |                           |                                 |                 |
|                                 | otor 2<br>use, if filing)  |   |  |              |                 |  |                           |                                 |                 |
| Uni                             | ted States Bankruptcy Court for  | the: NORTHERN DISTRIC   | CT OF ILLINOIS                             |              |                 |  |                           |                                 |                 |
| (If kn                          | se number  |   | -  |              |                 | Check if this is:  An amende  A supplement 13 income | ed filing<br>ent showing  | g postpetition<br>llowing date: | •               |
|                                 | fficial Form 106l  |   |  |              |                 | MM / DD/ Y   | YYY                       |                                 |                 |
|                                 | chedule I: Your In   |   |  |              |                 |  |                           |                                 | 12/15           |
| sup <sub>i</sub><br>spo<br>atta | es complete and accurate as possible correct information. If you are separated and you have separated she to this for Describe Employment 1: | ou are married and not fili<br>your spouse is not filing w<br>m. On the top of any additi | ng jointly, and your ith you, do not inclu | spouse is    | s livi<br>natio | ing with you, incl<br>on about your spo              | ude inform<br>ouse. If mo | ation about<br>re space is      | your<br>needed, |
| 1.                              | Fill in your employment information.   |   | Debtor 1                                   |              |                 | Debtor 2   | or non-fili               | ing spouse                      |                 |
|                                 | If you have more than one job,   | Employment status   | ☐ Employed                                 | ☐ Employed   |                 |  | oyed                      |                                 |                 |
|                                 | attach a separate page with information about additional employers.  | Occupation  | ■ Not employed                             |              |                 | ☐ Not e  | mployed                   |                                 |                 |
|                                 | Include part-time, seasonal, or self-employed work.  | •   |  |              |                 |  |                           |                                 |                 |
|                                 | Occupation may include stude or homemaker, if it applies.  | nt Employer's address   |  |              |                 |  |                           |                                 |                 |
|                                 |  | How long employed t   | here?                                      |              |                 |  |                           |                                 |                 |
| Par                             | Give Details About   | Nonthly Income  |  |              |                 |  |                           |                                 |                 |
|                                 | mate monthly income as of thuse unless you are separated.  | e date you file this form. If   | you have nothing to r                      | eport for a  | any I           | ine, write \$0 in the                                | space. Incl               | ude your no                     | n-filing        |
| -                               | u or your non-filing spouse have<br>e space, attach a separate shee  |   | ombine the information                     | on for all e | mplo            | oyers for that perso                                 | on on the lin             | es below. If                    | you need        |
|                                 |  |   |  |              |                 | For Debtor 1   | For Deb                   | tor 2 or<br>ng spouse           |                 |
| 2.                              | List monthly gross wages, s deductions). If not paid month   |   |  | 2.           | \$              | 0.00   | \$                        | N/A                             |                 |
| 3.                              | Estimate and list monthly ov   | ertime pay.   |  | 3.           | +\$             | 0.00   | +\$                       | N/A                             |                 |
| 4.                              | Calculate gross Income. Ad   | d line 2 + line 3.  |  | 4.           | \$              | 0.00   | \$                        | N/A                             |                 |

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| Debt | or 1                       | Djuan Davis  | -        | С        | ase number (if kn | own)         |          |                     |                    |        |
|------|----------------------------|--|----------|----------|-------------------|--------------|----------|---------------------|--------------------|--------|
|      |                            |  |          |          | For Debtor 1      |              |          | Debtor<br>-filing s | 2 or<br>spouse     |        |
|      | Cop                        | by line 4 here   | 4.       | _        | \$0               | .00          | \$       |                     | N/A                |        |
| 5.   | Lict                       | all payroll deductions:  |          |          |                   |              |          |                     |                    |        |
| J.   |                            |  |          |          | Φ.                |              | Ф        |                     |                    |        |
|      | 5a.<br>5b.                 | Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans  | 5a<br>5b |          | . —               | 0.00         | \$<br>\$ |                     | N/A                |        |
|      | 5c.                        | Voluntary contributions for retirement plans   | 50       |          | ·                 | 0.00         | \$<br>   |                     | N/A<br>N/A         |        |
|      | 5d.                        | Required repayments of retirement fund loans   | 50       |          | · ———             | 0.00         | \$       |                     | N/A                |        |
|      | 5e.                        | Insurance  | 5e       |          | : — <u> </u>      | 0.00         | \$-      |                     | N/A                |        |
|      | 5f.                        | Domestic support obligations   | 5f.      |          | ·                 | .00          | \$_      |                     | N/A                |        |
|      | 5g.                        | Union dues   | 5g       |          |                   | .00          | \$       |                     | N/A                |        |
|      | 5h.                        | Other deductions. Specify:   |          |          |                   | .00          | + \$     |                     | N/A                |        |
| 6.   | Add                        | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | _<br>6.  | ;        | \$ 0              | 0.00         | \$       |                     | N/A                |        |
| 7.   | Cal                        | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       | ;        | \$ 0              | .00          | \$       |                     | N/A                |        |
| 8.   | List<br>8a.                | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a       | ì.       | \$ 0              | 0.00         | \$       |                     | N/A                |        |
|      | 8b.                        | Interest and dividends   | 8b       | ).       |                   | .00          | \$       |                     | N/A                |        |
|      | 8c.<br>8d.                 | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  | 8c<br>8c |          |                   | 0.00<br>0.00 | \$       |                     | N/A<br>N/A         |        |
|      | 8e.                        | Social Security  | 86       | €.       | \$ 735            | .00          | \$       |                     | N/A                |        |
|      | 8f.                        | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SNAP(Foodstamp) Benefits  Pension or retirement income | 8f.      |          | \$194<br>\$0      |              | \$<br>   |                     | N/A<br>N/A         |        |
|      | 8g.<br>8h.                 | Other menthly income Consider  | 8g       | ,        | ,                 | 0.00         |          |                     | N/A<br>N/A         |        |
|      | OII.                       | Other monthly income. Specify:   | _ 01     | i.Ŧ<br>— | Ψ                 | .00          | ΤΨ_      |                     | IN/A               | -      |
| 9.   | Add                        | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | \$       | 929               | 0.00         | \$       |                     | N/A                |        |
| 10   | Cal                        | culate monthly income. Add line 7 + line 9.  | 10.      | \$       | 929.00            | + \$         |          | N/A                 | = \$               | 929.00 |
| 10.  |                            | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.      | Ψ_       | 929.00            | Τ Ψ-         |          | IN/A                | <b>-</b>   Ψ —     | 323.00 |
| 11.  | State<br>Included<br>Other | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:  | depe     |          |                   |              |          |                     | e J.<br>+\$        | 0.00   |
| 12.  |                            | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain lies  |          |          |                   |              |          | 12.                 | \$                 | 929.00 |
| 13.  | Do :                       | you expect an increase or decrease within the year after you file this form<br>No.   | ?        |          |                   |              |          |                     | Combine<br>monthly |        |
|      |                            | Yes Explain:   |          |          |                   |              |          |                     |                    |        |

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| <b>-:</b> 11 | in this informs           | tion to identify w                   | 211, 22221     |  |                                       | I                 |                                       |   |  |  |
|--------------|---------------------------|--------------------------------------|----------------|--|---------------------------------------|-------------------|---------------------------------------|---|--|--|
|              | in this informa           | tion to identify yo                  | our case.      |  |                                       |                   |                                       |   |  |  |
| Deb          | tor 1                     | Djuan Davis                          |                |  |                                       | Check if this is: |                                       |   |  |  |
| D-1          | t 0                       |                                      |                |  |                                       |                   | An amended filing                     | •   |  |  |
|              | tor 2<br>ouse, if filing) |                                      |                |  |                                       |                   |                                       | owing postpetition chapter of the following date: |  |  |
| (Орс         | ouse, ii iiiiig)          |                                      |                |  |                                       |                   | TO expenses do o                      | in the following date.                            |  |  |
| Unit         | ed States Bankr           | uptcy Court for the                  | : NORTH        | HERN DISTRICT OF ILLIN                       | OIS                                   |                   | MM / DD / YYYY                        |   |  |  |
| !            | e number                  |                                      |                |  |                                       |                   |                                       |   |  |  |
| (lf kı       | nown)                     |                                      |                |  |                                       |                   |                                       |   |  |  |
| Of           | fficial Fo                | rm 106J                              |                |  |                                       |                   |                                       |   |  |  |
| Sc           | chedule                   | J: Your                              | Exper          | ises   |                                       |                   |                                       | 12/15   |  |  |
|              |                           |                                      |                | . If two married people ar                   | e filing together h                   | oth are ed        | ually responsible t                   |   |  |  |
| info         | ormation. If m            |                                      | eded, atta     | ch another sheet to this                     |                                       |                   |                                       |   |  |  |
| Par          |                           | ibe Your House                       | ehold          |  |                                       |                   |                                       |   |  |  |
| 1.           | Is this a joir            | nt case?                             |                |  |                                       |                   |                                       |   |  |  |
|              | ■ No. Go to               | line 2.                              |                |  |                                       |                   |                                       |   |  |  |
|              | ☐ Yes. <b>Doe</b>         | s Debtor 2 live                      | in a separ     | ate household?                               |                                       |                   |                                       |   |  |  |
|              | □ N                       | 0                                    |                |  |                                       |                   |                                       |   |  |  |
|              | ☐ Ye                      | es. Debtor 2 mus                     | st file Offici | al Form 106J-2, Expenses                     | for Separate House                    | ehold of De       | ebtor 2.                              |   |  |  |
| 0            | Da way have               | - damandanta0                        | <b>=</b>       |  |                                       |                   |                                       |   |  |  |
| 2.           | Do you nave               | e dependents?                        | ■ No           |  |                                       |                   |                                       |   |  |  |
|              | Do not list Do Debtor 2.  | ebtor 1 and                          | ☐ Yes.         | Fill out this information for each dependent | Dependent's relate Debtor 1 or Debtor |                   | Dependent's age                       | Does dependent live with you?                     |  |  |
|              | Do not state              | the                                  |                |  |                                       |                   |                                       | □ No  |  |  |
|              | dependents                |                                      |                |  |                                       |                   |                                       | ☐ Yes   |  |  |
|              |                           |                                      |                |  |                                       |                   |                                       | _ □ No  |  |  |
|              |                           |                                      |                |  |                                       |                   |                                       | ☐ Yes   |  |  |
|              |                           |                                      |                |  |                                       |                   |                                       | □ No  |  |  |
|              |                           |                                      |                |  |                                       |                   |                                       | _ Yes   |  |  |
|              |                           |                                      |                |  |                                       |                   |                                       | □ No  |  |  |
| _            | _                         |                                      |                |  |                                       |                   |                                       | _   |  |  |
| 3.           |                           | penses include<br>f people other t   | han            | No   |                                       |                   |                                       |   |  |  |
|              |                           | d your depende                       |                | Yes  |                                       |                   |                                       |   |  |  |
|              |                           |                                      |                | _  |                                       |                   |                                       |   |  |  |
|              |                           | ate Your Ongoi                       |                | ly Expenses<br>uptcy filing date unless y    | au ara uaina thia f                   |                   | mulamant in a Ch                      | antar 12 anna ta ranart                           |  |  |
| exp          |                           |                                      |                |  |                                       |                   |                                       | of the form and fill in the                       |  |  |
| Incl         | lude expense              | s paid for with                      | non-cash       | government assistance i                      | f you know                            |                   |                                       |   |  |  |
|              |                           |                                      | d have inc     | cluded it on Schedule I: Y                   | our Income                            |                   | Your ex                               | noncoc  |  |  |
| (Off         | ficial Form 10            | )6I.)                                |                |  |                                       |                   | Tour ex                               | penses  |  |  |
| 4            | The rental o              | u bama awaara                        | hin avnami     | ooo for vour rooidones. I                    |                                       | _                 |                                       |   |  |  |
| 4.           |                           | or nome owners<br>nd any rent for th |                | ises for your residence. In<br>or lot.       | nclude first mortgage                 | e<br>4.           | \$                                    | 0.00  |  |  |
|              | , ,                       | led in line 4:                       |                |  |                                       |                   |                                       |   |  |  |
|              |                           | estate taxes                         |                |  |                                       | 4a.               | \$                                    | 0.00  |  |  |
|              |                           | rty, homeowner's                     | s, or renter   | 's insurance                                 |                                       | 4b.               | ·                                     | 0.00  |  |  |
|              | •                         | •                                    |                | upkeep expenses                              |                                       | 4c.               | · · · · · · · · · · · · · · · · · · · | 0.00  |  |  |
|              |                           | owner's associa                      | •              |  |                                       | 4d.               | · ·                                   | 0.00  |  |  |
| 5.           | Additional r              | nortgage paym                        | ents for yo    | our residence, such as ho                    | me equity loans                       | 5.                | \$                                    | 0.00  |  |  |

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| Case num | ber (if known)  |  |
|----------|---|--|
|          |   |  |
| 6a.      | \$  | 0.00   |
|          | ·   | 0.00   |
|          | · -   | 70.00  |
|          | ·   | 0.00   |
|          | ·   |  |
|          | · -   | 194.00   |
|          | ·   | 0.00   |
|          | ·   | 10.00  |
|          | ·   | 10.00  |
| 11.      | \$  | 50.00  |
| 40       | <b>c</b>  | 90.00  |
|          |   | 80.00  |
| 13.      | \$  | 0.00   |
| 14.      | \$  | 0.00   |
|          | ·   |  |
|          |   |  |
| 15a.     | \$  | 0.00   |
| 15b.     | \$  | 0.00   |
| 15c.     | \$  | 0.00   |
| 15d.     | \$  | 0.00   |
|          | <b>—</b>  | 0.00   |
| 16.      | \$  | 0.00   |
|          |   | 0.00   |
| 17a.     | \$  | 0.00   |
|          | ·   | 0.00   |
|          | ·   | 0.00   |
|          |   |  |
| 170.     | <b>a</b>  | 0.00   |
| 18       | \$  | 0.00   |
|          | · ·   | 0.00   |
| 10       | Ψ   | 0.00   |
|          | Incomo  |  |
|          |   | 0.00   |
|          | · -   | 0.00   |
|          | ·   | 0.00   |
|          | ·   | 0.00   |
|          |   | 0.00   |
| 20e.     | \$  | 0.00   |
| 21.      | +\$   | 0.00   |
|          |   |  |
|          |   |  |
|          |   | 414.00   |
|          | \$  |  |
|          | \$  | 414.00   |
|          | · —   |  |
|          |   |  |
| 23a.     | \$  | 929.00   |
| 23b.     | -\$   | 414.00   |
|          |   |  |
|          |   | = =  |
| 23c.     | \$  | 515.00   |
|          |   |  |
|          |   |  |
| mortgage | payment to increase   | e or decrease because o  |
|          |   |  |
|          |   |  |
|          |   |  |
|          | 6a. 6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14.  15a. 15b. 15c. 15d. 17a. 17b. 17d. 18.  19. 20a. 20b. 20c. 20d. 20e. 21.  23a. 23b.  23c.  bu file this | 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$  15a. \$ 15b. \$ 15c. \$ 15d. \$  17a. \$ 17b. \$ 17c. \$ 17d. \$ 17d. \$  18. \$ \$ 20b. \$ 20c. \$ 20b. \$ 20c. \$ 20d. \$ 20e. \$ 21. +\$  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

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| Fill in this info   | ormation to identify your                         | case:                     |                          |                          |   |
|---------------------|---|---------------------------|--------------------------|--------------------------|---|
| Debtor 1            | Djuan Davis                                       |                           |                          |                          |   |
| Debtor 1            | First Name  | Middle Name               | Last Name                |                          |   |
| Debtor 2            |   |                           |                          |                          |   |
| (Spouse if, filing) | First Name  | Middle Name               | Last Name                |                          |   |
| United States E     | Bankruptcy Court for the:                         | NORTHERN DISTRICT         | OF ILLINOIS              |                          |   |
| Case number         |   |                           |                          |                          |   |
| (if known)          |   |                           |                          |                          | ☐ Check if this is an amended filing                                    |
| obtaining mone      |   | n connection with a bank  |                          |                          | ment, concealing property, or<br>0, or imprisonment for up to 20        |
| Si                  | gn Below  |                           |                          |                          |   |
| Did you p           | pay or agree to pay some                          | one who is NOT an attorr  | ney to help you fill out | bankruptcy forms?        |   |
| ■ No                |   |                           |                          |                          |   |
| ☐ Yes.              | Name of person                                    |                           |                          |                          | ruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                     | nalty of perjury, I declare are true and correct. | that I have read the sumr | mary and schedules file  | ed with this declaration | n and   |
| X /s/ Di            | uan Davis   |                           | Х                        |                          |   |
|                     | n Davis   |                           | Signature o              | f Debtor 2               |   |
|                     | ture of Debtor 1                                  |                           | -                        |                          |   |
| Date                | November 14, 2017                                 |                           | Date                     |                          |   |

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| Fill               | in this inform                                    | nation to identify you   | r case:  |   |  |   |  |  |  |  |  |
|--------------------|---|--|--|---|--|---|--|--|--|--|--|
|                    | otor 1  |  |  |   |  |   |  |  |  |  |  |
| Der                | 5101 1  | Djuan Davis First Name   | Middle Name  | Last Name   |  |   |  |  |  |  |  |
|                    | otor 2<br>ouse if, filing)                        | First Name   | Middle Name  | Last Name   |  |   |  |  |  |  |  |
|                    |   |  |  |   |  |   |  |  |  |  |  |
| Uni                | ted States Bar                                    | hkruptcy Court for the:  | NORTHERN DISTRICT (  | DF ILLINOIS   |  |   |  |  |  |  |  |
|                    | se number   |  |  |   |  | Check if this is an mended filing                     |  |  |  |  |  |
| Sta                | as complete a                                     | of Financial   |  | are filing together, both are                         | equally responsible for sup                                    |   |  |  |  |  |  |
|                    |   | ore space is needed,<br>i). Answer every que   |  | this form. On the top of an                           | y additional pages, write you                                  | ir name and case                                      |  |  |  |  |  |
|                    |   |  | arital Status and Where You  | Lived Before  |  |   |  |  |  |  |  |
| 1.                 | What is your                                      | current marital statu  | is?  |   |  |   |  |  |  |  |  |
|                    | <ul><li>☐ Married</li><li>■ Not married</li></ul> | ried   |  |   |  |   |  |  |  |  |  |
| 2.                 | During the la                                     | ast 3 years, have you  | lived anywhere other than  | where you live now?                                   |  |   |  |  |  |  |  |
|                    | ■ No □ Yes. List                                  | No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. |  |   |  |   |  |  |  |  |  |
|                    | Debtor 1 Pri                                      | ior Address:   | Dates Debtor 1 lived there   | Debtor 2 Prior Ac                                     | dress:   | Dates Debtor 2<br>lived there                         |  |  |  |  |  |
| <b>3.</b><br>state |   |  |  |   | ity property state or territory<br>co, Texas, Washington and W |   |  |  |  |  |  |
|                    | ■ No □ Yes. Ma                                    | ke sure you fill out <i>Scl</i>  | nedule H: Your Codebtors (O  | fficial Form 106H).                                   |  |   |  |  |  |  |  |
| Par                | t 2 Explain                                       | n the Sources of You   | r Income   |   |  |   |  |  |  |  |  |
| 4.                 | Fill in the tota                                  | I amount of income yo  | nployment or from operating u received from all jobs and a have income that you receiv | all businesses, including part                        |  | ndar years?   |  |  |  |  |  |
|                    | □ No  |  |  |   |  |   |  |  |  |  |  |
|                    | Yes. Fill   | in the details.  |  |   |  |   |  |  |  |  |  |
|                    |   |  | Debtor 1   |   | Debtor 2   |   |  |  |  |  |  |
|                    |   |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |  |
|                    |   | of current year until<br>d for bankruptcy:   | ■ Wages, commissions, bonuses, tips  | \$0.00  | ☐ Wages, commissions, bonuses, tips                            |   |  |  |  |  |  |
|                    |   |  | ☐ Operating a business   |   | ☐ Operating a business   |   |  |  |  |  |  |

Official Form 107

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Debtor 1 Diuan Davis

|   | Debtor 1                                   |   | Debtor 2                                   |   |
|---|--|---|--|---|
|   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
| For last calendar year:<br>(January 1 to December 31, 2016)         | ■ Wages, commissions, bonuses, tips        | \$2,847.00  | ☐ Wages, commissions, bonuses, tips        |   |
|   | ☐ Operating a business                     |   | ☐ Operating a business                     |   |
| For the calendar year before that: (January 1 to December 31, 2015) | ■ Wages, commissions, bonuses, tips        | \$23,478.00   | ☐ Wages, commissions, bonuses, tips        |   |
|   | ☐ Operating a business                     |   | ☐ Operating a business                     |   |

#### Did you receive any other income during this year or the two previous calendar years?

Debtor 1

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

Debtor 2

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

|   | Deptor 1                             |   | Debtor 2                             |   |  |
|---|--------------------------------------|---|--------------------------------------|---|--|
|   | Sources of income<br>Describe below. | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |  |
| From January 1 of current year until the date you filed for bankruptcy: | Food Stamps                          | \$1,168.00  |                                      |   |  |
|   | SSI                                  | \$8,085.00  |                                      |   |  |
| For last calendar year:<br>(January 1 to December 31, 2016)             | Food Stamps                          | \$176.00  |                                      |   |  |
|   | SSI                                  | \$8,796.00  |                                      |   |  |
| For the calendar year before that: (January 1 to December 31, 2015)     | SSI                                  | \$6,835.20  |                                      |   |  |
| _   | Food Stamps                          | \$1,044.00  |                                      |   |  |
|   |                                      |   |                                      |   |  |

### List Certain Payments You Made Before You Filed for Bankruptcy

| 6. | Are either | Debtor | 1's or | Debtor | 2's debts | primarily | y consumer | debts? |
|----|------------|--------|--------|--------|-----------|-----------|------------|--------|
|----|------------|--------|--------|--------|-----------|-----------|------------|--------|

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No.

□ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Page 34 of 46 Document Case number (if known) Debtor 1 **Djuan Davis** Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment** Total amount Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Dates of payment Total amount Amount you Reason for this payment Include creditor's name paid still owe Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο ☐ Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No

☐ Yes

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| Pai | t 5: List Certain Gifts and Contributions  |   |   |                        |
|-----|--|---|---|------------------------|
| 13. | Within 2 years before you filed for bankrup  ■ No  □ Yes. Fill in the details for each gift.   | tcy, did you give any gifts with a total value of more t  | han \$600 per person                    | ?                      |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts  | Dates you gave the gifts                | Value                  |
|     | Person to Whom You Gave the Gift and Address:  |   |   |                        |
| 14. | No No  | tcy, did you give any gifts or contributions with a tota  | al value of more than                   | \$600 to any charity?  |
|     | ☐ Yes. Fill in the details for each gift or con<br>Gifts or contributions to charities that tot<br>more than \$600<br>Charity's Name<br>Address (Number, Street, City, State and ZIP Code) |   | Dates you contributed                   | Value                  |
| Pai | t 6: List Certain Losses   |   |   |                        |
|     | or gambling?  ■ No □ Yes. Fill in the details.   | cy or since you filed for bankruptcy, did you lose anyt   |   |                        |
|     | how the loss occurred  | rescribe any insurance coverage for the loss and the loss are the amount that insurance has paid. List pending a surance claims on line 33 of Schedule A/B: Property. | Date of your loss                       | Value of property lost |
| Pai | t 7: List Certain Payments or Transfers  |   |   |                        |
| 16. | Within 1 year before you filed for bankrupt consulted about seeking bankruptcy or pro  | cy, did you or anyone else acting on your behalf pay of eparing a bankruptcy petition? parers, or credit counseling agencies for services required                    |   | erty to anyone you     |
|     | □ No   |   |   |                        |
|     | Yes. Fill in the details.  |   |   |                        |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and value of any property transferred   | Date payment or transfer was made       | Amount of payment      |
|     | Law Offices of David Freydin<br>8707 Skokie Blvd<br>Suite 305<br>Skokie, IL 60077  | Attorney Fees   | 11/13/17                                | \$400.00               |
| 17. |  | cy, did you or anyone else acting on your behalf pay or or to make payments to your creditors? ou listed on line 16.  | or transfer any prope                   | erty to anyone who     |
|     | ■ No   |   |   |                        |
|     | Yes. Fill in the details.  |   |   |                        |
|     | Person Who Was Paid<br>Address   | Description and value of any property transferred   | Date payment<br>or transfer was<br>made | Amount of payment      |

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Debtor 1 Djuan Davis

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No |   |                |            |  |   |                               |
|-----|---|---|----------------|------------|--|---|-------------------------------|
|     | ☐ Yes. Fill in the details.   |   |                |            |  |   |                               |
|     | Person Who Received Transfer<br>Address   | Description and val<br>property transferred   |                | payme      | be any property or<br>ents received or debts<br>a exchange |   | ate transfer was<br>ade       |
|     | Person's relationship to you  |   |                |            |  |   |                               |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)   |   |                |            |  |   |                               |
|     | ■ No □ Yes. Fill in the details.  |   |                |            |  |   |                               |
|     | Name of trust   | Description and val   | ue of the prop | erty trans | ferred   |   | ate Transfer was              |
|     |   |   |                |            |  | m | ade                           |
| Pa  | rt 8: List of Certain Financial Accounts, Inst  | truments, Safe Deposit B  | Boxes, and Sto | rage Units | 5  |   |                               |
| 20. | Within 1 year before you filed for bankruptcy   | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, |                |            |  |   |                               |
|     | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  |   |                |            |  |   |                               |
|     | ■ No  | ,   |                |            |  |   |                               |
|     | Yes. Fill in the details.   |   |                |            |  |   |                               |
|     | Name of Financial Institution and   | Last 4 digits of  | Type of accour | nt or      | Date account was   |   | Last balance                  |
|     |   | •   | instrument     |            |  | t | pefore closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |   |                |            |  |   |                               |
|     | ■ No  |   |                |            |  |   |                               |
|     | Yes. Fill in the details.   |   |                |            |  |   |                               |
|     | Name of Financial Institution   | Who else had acces  | no to it?      | Docaribo ( | he contents  |   | Do you still                  |
|     | Address (Number, Street, City, State and ZIP Code)  | Address (Number, Stre<br>State and ZIP Code)  |                | Describe   | me contents  |   | Do you still have it?         |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |   |                |            |  |   |                               |
|     | No  |   |                |            |  |   |                               |
|     | ☐ Yes. Fill in the details.   |   |                |            |  |   |                               |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or hat to it? Address (Number, Stre State and ZIP Code)  |                | Describe t | he contents  |   | Do you still have it?         |
| Po  | rt 9: Identify Property You Hold or Control f   | ior Samaona Elea  |                |            |  |   |                               |
| га  | rt 9: Identify Property You Hold or Control f   | or someone cise   |                |            |  |   |                               |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.  |   |                |            |  |   |                               |
|     | No  |   |                |            |  |   |                               |
|     | ☐ Yes. Fill in the details.   |   |                |            |  |   |                               |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the proper<br>(Number, Street, City, Stat<br>Code)   |                | Describe t | he property  |   | Value                         |
| _   |   | ,   |                |            |  |   |                               |
| Pa  | rt 10: Give Details About Environmental Info  | rmation   |                |            |  |   |                               |
|     |   |   |                |            |  |   |                               |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 **Djuan Davis** 

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

| hazardous material, pollutant, contaminant, or similar term.  |  |  |  |  |  |
|---|--|--|--|--|--|
| ort all notices, releases, and proceedings that yo  | ou know about, regardless of when  | they occurred.   |  |  |  |
| las any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?      |  |  |  |  |  |
| ■ No<br>□ Yes. Fill in the details.   |  |  |  |  |  |
| Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | Environmental law, if you know it  | Date of notice   |  |  |
| Have you notified any governmental unit of any  | release of hazardous material?   |  |  |  |  |
| ■ No<br>□ Yes. Fill in the details.   |  |  |  |  |  |
| Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | Environmental law, if you know it  | Date of notice   |  |  |
| Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.         |  |  |  |  |  |
| ■ No<br>□ Yes. Fill in the details.   |  |  |  |  |  |
| Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Nature of the case   | Status of the case   |  |  |
| 11: Give Details About Your Business or Con   | nections to Any Business   |  |  |  |  |
| Within 4 years before you filed for bankruptcy, c   | did you own a business or have an  | y of the following connections to any  | business?  |  |  |
| ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                           |  |  |  |  |  |
| ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |  |  |  |  |
| ☐ A partner in a partnership  |  |  |  |  |  |
| ☐ An officer, director, or managing executive of a corporation  |  |  |  |  |  |
| ☐ An owner of at least 5% of the voting or equity securities of a corporation   |  |  |  |  |  |
| ■ No. None of the above applies. Go to Part 12.   |  |  |  |  |  |
| ☐ Yes. Check all that apply above and fill in the details below for each business.  |  |  |  |  |  |
|   | scribe the nature of the business  |  |  |  |  |
|   | me of accountant or bookkeeper   |  | iumber of friit.   |  |  |
| Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial |  |  |  |  |  |
| _   |  |  |  |  |  |
| _   |  |  |  |  |  |
| Name Address (Number, Street, City, State and ZIP Code)   | te Issued  |  |  |  |  |
| <u>t</u>  | In the details.  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of any No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you notified any governmental unit of any No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  Have you been a party in any judicial or adminis No Yes. Fill in the details.  Case Title Case Number  In the details.  Case Title Case Number  A sole proprietor or self-employed in a tell of the properties of the voting or the properties of the voting or the properties.  An owner of at least 5% of the voting or No. None of the above applies. Go to Part Yes. Check all that apply above and fill in the Business Name Address (Number, Street, City, State and ZIP Code)  Name Address  No Yes. Fill in the details below.  Name Address | ort all notices, releases, and proceedings that you know about, regardless of when Has any governmental unit notified you that you may be liable or potentially liable.  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material?  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or administrative proceeding under any envi  No Yes. Fill in the details.  Case Title Case Number  Case Number  Case Title Case Number  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  State and ZIP Code)  No A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnership An officer, director, or managing executive of a corporation No. None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code)  No Nome of accountant or bookkeeper  Within 2 years before you filed for bankruptcy, did you give a financial statement to institutions, creditors, or other parties.  No Yes. Fill in the details below.  Name Address Oate Issued | Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of site Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Name Address (Number, Street, City, State and ZIP Code)  Name of accountant or bookkeeper  Name of a corporation  An owner of at least 5% of the voting or equity securities of a corporation  No None of the above applies. Go to Part 12.  Yes. Check all that apply above and fill in the details below for each business.  Name of accountant or bookkeeper  Date subusiness Name  Name Address Name  Date Issued |  |  |

Part 12: Sign Below

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are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Djuan Davis

Djuan Davis

Signature of Debtor 2

Signature of Debtor 1

Date November 14, 2017

Date

No

No

Yes

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filling for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-34096 Doc 1 Filed 11/14/17 Entered 11/14/17 16:13:09 Desc Main Document Page 43 of 46

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | re <b>Djuan Davis</b>  |  | Case No.  |                                       |           |
|-------|--|--|---|---------------------------------------|-----------|
|       |  | Debtor(s)  | Chapter   | 13                                    |           |
|       | DISCLOSURE OF COM  | MPENSATION OF ATTOR  | NEY FOR DE  | EBTOR(S)                              |           |
| 1.    | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. I compensation paid to me within one year before to be rendered on behalf of the debtor(s) in contempt   | the filing of the petition in bankruptcy,  | or agreed to be paid                                  | to me, for services render            | ed or to  |
|       | For legal services, I have agreed to accept  |  | \$  | 4,000.00                              |           |
|       | Prior to the filing of this statement I have red   | ceived   | \$  | 400.00                                |           |
|       |  |  |   | 3,600.00                              |           |
| 2.    | The source of the compensation paid to me was:   |  |   |                                       |           |
|       | ■ Debtor □ Other (specify):  |  |   |                                       |           |
| 3.    | The source of compensation to be paid to me is:  |  |   |                                       |           |
|       | ■ Debtor □ Other (specify):  |  |   |                                       |           |
| 4.    | ■ I have not agreed to share the above-disclose  | d compensation with any other person t   | unless they are mem                                   | bers and associates of my             | law firm. |
|       | ☐ I have agreed to share the above-disclosed co-<br>copy of the agreement, together with a list of   |  |   |                                       | irm. A    |
| 5.    | In return for the above-disclosed fee, I have agree  | ed to render legal service for all aspects   | s of the bankruptcy of                                | ase, including:                       |           |
|       | <ul> <li>a. Analysis of the debtor's financial situation, an</li> <li>b. Representation of the debtor at the meeting of</li> <li>c. Representation of the debtor in adversary prod</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditoreaffirmation agreements and app</li> <li>522(f)(2)(A) for avoidance of liens</li> </ul> | creditors and confirmation hearing, and<br>ceedings and other contested bankruptco<br>ers to reduce to market value; executions as needed; preparation | d any adjourned hea<br>y matters;<br>mption planning; | rings thereof; preparation and filing | g of      |
| 5.    | By agreement with the debtor(s), the above-discle  | osed fee does not include the following  | service:  |                                       |           |
|       |  | CERTIFICATION  |   |                                       |           |
|       | I certify that the foregoing is a complete statemer bankruptcy proceeding.   | nt of any agreement or arrangement for   | payment to me for r                                   | epresentation of the debto            | r(s) in   |
| _     | November 14, 2017  | /s/ Brian P. Deshu   | ır  |                                       | -         |
| 1     | Date   | <b>Brian P. Deshur</b> Signature of Attorney   | ,   |                                       |           |
|       |  | Law Offices of Da  |   |                                       |           |
|       |  | 8707 Skokie Blvd   | -   |                                       |           |
|       |  | Suite 305<br>Skokie, IL 60077  |   |                                       |           |
|       |  | OKUNIC, IL 000//   |   |                                       |           |

Name of law firm

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## **United States Bankruptcy Court**Northern District of Illinois

|       |  | 1 (of the H District of Hillion          |                         |                      |
|-------|--|--|-------------------------|----------------------|
| In re | Djuan Davis                                |  | Case No.                |                      |
|       |  | Debtor(s)                                | Chapter13               |                      |
|       | VI   | ERIFICATION OF CREDITOR M                | <b>IATRIX</b>           |                      |
|       |  | Number of                                | f Creditors:            | 18                   |
|       | The above-named Debtor(s) (our) knowledge. | ) hereby verifies that the list of credi | tors is true and correc | ct to the best of my |
| Date: | November 14, 2017                          | /s/ Djuan Davis<br>Djuan Davis           |                         |                      |

Arnold Scott Harris PC 111 W. Jackson Blvd, Ste 600 Chicago, IL 60604-4134

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Bank Of America Po Box 17054 Wilmington, DE 19850

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Comcast PO Box 3002 Southeastern, PA 19398

Credit Management, LP
The Offices of Credit Management, LP
Po Box 118288
Carrolton, TX 75011

Diversified Consultants, Inc. Diversified Consultants, Inc. Po Box 551268 Jacksonville, FL 32255

IL Dept Of Healthcare & Family Serv P.O. Box 19405 Springfield, IL 62794

Illinois Child Support Attn: Bankruptcy 509 S 6th St. Springfield, IL 62701

Illinois Department of Revenue Attn: Bankruptcy Department P.O. Box 19035 Springfield, IL 62794-9035 IRS Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346

Linebarger Goggan Blair and Sampson PO Box 06152 Chicago, IL 60606

Medicredit Inc. Po Box 1629 Maryland Heights, MO 63043

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

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Phillina Hoopes 6515 S. Yale Ave. Chicago, IL 60621

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